

## DISCHARGE SUMMARY TEMPLATE

Approved by the Provincial HIM Leadership Committee March 19, 20XX

<b>DEMOGRAPHIC AND ADMINISTRATIVE DATA</b>
PATIENT NAME
ADDRESS
CHART NUMBER
ACCOUNT NUMBER (Meditech Registration Account Number)
HEALTH CARE NUMBER
DOB
GENDER
ADMISSION DATE
DISCHARGE DATE
REFERRING PHYSICIAN
MOST RESPONSIBLE PROVIDER (Attending physician)
FAMILY PHYSICIAN
<b>ADMISSION DIAGNOSIS-</b> Working diagnosis at time of admission (Do not use abbreviations.)
<b>MOST RESPONSIBLE DIAGNOSIS (MRDx)</b> The one diagnosis or condition that can be described as being most responsible for the patient's stay in hospital (Do not use abbreviations.)
<b>PRE-ADMIT COMORBIDITY(IES)</b> A condition(s) that coexists at the time of admission (Do not use abbreviations.)
<b>POST- ADMIT COMORBIDITY(IES)</b> A condition(s) that arises post-admission (Do not use abbreviations. )
<b>SECONDARY DIAGNOSIS(ES)</b> A secondary diagnosis(es) or condition(s) which may or may not have received treatment but does not impact on the patient's LOS or treatment (Do not use abbreviations.)
<b>INTERVENTIONS</b> Diagnostic and/or Therapeutic interventions performed during the current episode of care

<b>HISTORY OF PRESENT ILLNESS</b>
<ul style="list-style-type: none"> <li>○ Initial Presentation</li> <li>○ Chief Complaint</li> <li>○ Significant Findings</li> <li>○ Relevant laboratory results</li> <li>○ Allergies</li> </ul>
<b>HOSPITAL COURSE</b>
Events occurring during the current episode of care, e.g. treatment given, response to treatment/interventions, abnormal or significant test results, results pending, description of complications, consults, etc.
<b>CONDITION AT DISCHARGE</b>
Provide comparison with condition at admission
<b>MEDICATIONS</b>
<ul style="list-style-type: none"> <li>○ Admission Medications</li> <li>○ Changes made to regular medication regimen</li> <li>○ Medications prescribed upon discharge</li> <li>○ Drug Allergies</li> <li>○ Adverse Drug Reactions encountered during the admission</li> </ul>
<b>DISCHARGE INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>○ Diet</li> <li>○ Activities</li> <li>○ Medications</li> <li>○ Therapy</li> <li>○ Other instructions</li> </ul>
<b>FOLLOW-UP</b>
Arrangements for ongoing care
<ul style="list-style-type: none"> <li>○ Return appointments</li> <li>○ Referral to other services</li> <li>○ Discharge to (home, long term care, rehab, etc)</li> </ul>
<b>SIGNATURE</b>
<ul style="list-style-type: none"> <li>○ Physicians Signature</li> <li>○ Dictating Care Provider</li> <li>○ Date/Time Dictated</li> <li>○ Date/Time Transcribed</li> <li>○ Recipients of copies of the Discharge Summary</li> </ul>

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